HOLYOKE MEDICAL CENTER

2016 Hospital Profile

Holyoke, MA
Community High Public Payer Hospital
Western Massachusetts

Holyoke Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY12 and FY16, Holyoke Medical Center had a 3.7% increase in inpatient discharges, compared to a 2.8% median decrease for its peer cohort. Over this time period, its discharges have closely mirrored the peer cohort. Holyoke Medical Center has been profitable for each year in the five year period. In FY16, it had a total margin of 3.5%, lower than the cohort median of 4.1%. Over the five year period, Holyoke Medical Center has been close to the median of its peer cohort in both total margin and operating margin.

Overview / Size

Hospital System Affiliation	n:	Not Applicable
Change in Ownership (F)	Y12-16):	Not Applicable
Total Staffed Beds:		107, mid-size acute hospital
% Occupancy:		65.8%, > cohort avg. (65%)
Special Public Funding:		CHART^, DSTI ⁿ
Trauma Center Designati	ion:	Not Applicable
Case Mix Index:	0.85, < cohort a	vg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$8,570
Change FY15-FY16:	-4.4%
Inpatient:Outpatient Revenue in FY16:	25%:75%
Outpatient Revenue in FY16:	\$80,738,929
Change FY15-FY16:	16.1%
Total Revenue in FY16:	\$143,383,845
Total Surplus (Loss) in FY16:	\$5,018,290

Payer Mix

Public Payer Mix:	76.0% (HPP* Hospital)
CY15 Commercial S-RP:	0.72
Top 3 Commercial Payers:	Health New England
	Blue Cross Blue Shield of MA
	UniCare

Utilization

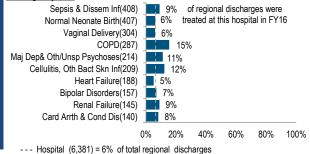
Inpatient Discharges in FY16:	6,381
Change FY15-FY16:	11.4%
Emergency Department Visits in FY16:	43,233
Change FY15-FY16:	4.3%
Outpatient Visits in FY16:	113,481
Change FY15-FY16:	18.8%

Quality

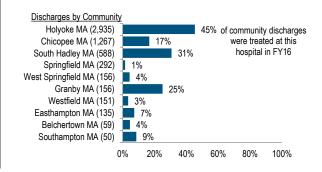
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Readmission Rate in FY15:	16.5%
Change FY11-FY15 (percentage points):	-0.7%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

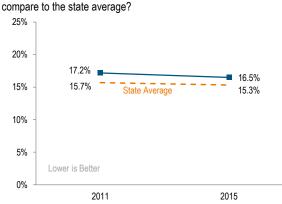
Discharges by DRG



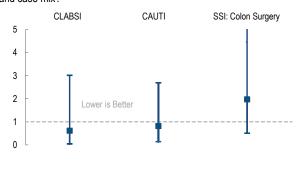
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



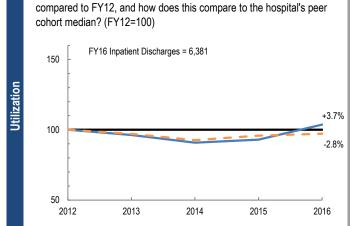
For descriptions of the metrics, please see the technical appendix.

2016 HOSPITAL PROFILE: HOLYOKE MEDICAL CENTER

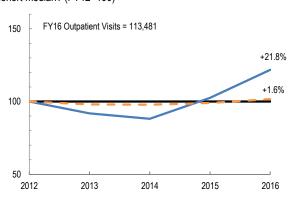
How has the volume of the hospital's inpatient discharges changed

Cohort: Community High Public Payer Hospital





How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?

\$24,000
\$20,000
\$16,000

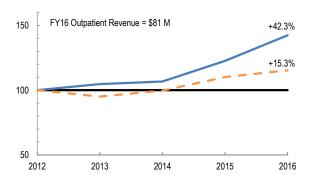
Patient Revenue Trends

\$12,000

\$8,000

\$4,000

How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



How have the hospital's total revenue and costs changed between FY12 and FY16?

2014

2015

2016

2013

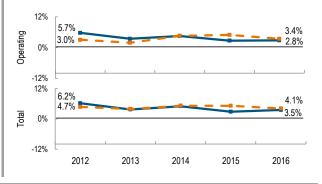
Revenue, Cost, & Profit/Loss (in millions)

Hospital

2012

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 129	\$ 121	\$ 123	\$ 127	\$ 142
Non-Operating Revenue	\$ 1	\$ 0	\$ 1	\$ 0	\$ 1
Total Revenue	\$ 130	\$ 122	\$ 123	\$ 127	\$ 143
Total Costs	\$ 122	\$ 117	\$ 117	\$ 124	\$ 138
Total Profit (Loss)	\$ 8.0	\$ 4.5	\$ 6.2	\$ 3.6	\$ 5.0

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

[^] For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

η For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).



^{*} High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.